



SCIDAC 2008

EXHIBITOR REQUEST FORM

****Exhibit Space is Pre-Assigned****

The following is information pertinent to the exhibit schedule for this conference. We would appreciate your completing the information on the next page and returning it to the Fairmont Olympic so that we can make the appropriate arrangements.

SET-UP TIME: Beginning at **12:00pm** Sunday, July 13, 2008



**** THE EXHIBITS AND EXHIBIT TABLES MUST BE REMOVED FROM THE SPANISH FOYER BY 5PM ON Thursday, July 17.**

MOVE IN/OUT

Delivery of materials and equipment is to be made to the Fairmont Olympic LOADING DOCK. The dock is located on Seneca Street, across from the hotel, between 4th and 5th Avenues. **IF YOU HAVE MORE THAN (1) ITEM PLEASE USE THE LOADING DOCK. Exhibitors are responsible for moving their equipment.**

EXHIBITORS ARE EXPECTED TO UNPACK, SET UP, PACK AND REMOVE THEIR OWN MATERIAL. ITEMS SHIPPED IN ADVANCE TO THE HOTEL SHOULD BE ADDRESSED AS FOLLOWS:

**Fairmont Olympic Hotel
411 University Street
Seattle, WA 98101**

**ATTENTION: BANQUET DEPARTMENT
HOLD FOR: SCIDAC 2008
Exhibitor Name**

**COMPLETE THE FOLLOWING AND RETURN TO THE FAIRMONT OLYMPIC HOTEL
TO REQUEST ADDITIONAL EQUIPMENT FOR YOUR DISPLAY AREA.**

THIS IS FOR THE HOTEL ONLY. EXHIBITORS STILL NEED TO SEND
CONFIRMATION OF THEIR PARTICIPATION TO THE CONFERENCE.

Exhibiting Company Name: _____

Address: _____ City: _____ State: _____ Postal: _____

Telephone #: _____ Contact: _____

On Site Contact During Conference: _____

Contact Phone Prior to Conference: _____ During Conference: _____

Email: _____

Please Indicate your type of exhibit and any specific needs for setup:

Table Top: _____

Audio-Visual/Electrical Requirements:

(AV equipment arranged by the hotel subject to 20% Service Charge. Extension Cords/Power Strips
\$25.00)

Credit Card Authorization:

I here by authorize Audio Visual/Electrical charges for my Exhibit Booth be applied to the
following account: **(A copy of the Front and Back of the Credit Card must be
provided):**

Account Number and Expiration Date: # _____

Signature of Cardholder: _____

Printed Name of Card Holder: _____

PLEASE RETURN THIS FORM BY June 31, 2008:

Sarah Carter – Conference Services Manager

FAIRMONT OLYMPIC HOTEL

411 UNIVERSITY STREET

SEATTLE, WA 98101

Telephone: (206) 287-4210

Fax:(206) 467-1503